B1 (Official Fo	orm 1)(4/1	0)										
			United S East		s Banki strict of						Voluntary	Petition
Name of Debt Malewich,			er Last, First,	Middle):			Name	of Joint De	ebtor (Spouse) (Last, First	, Middle):	
All Other Nam (include marrie				years				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):				
(if more than one, st	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all) xxx-xx-1749					EIN Last for	Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all)					
Street Address of Debtor (No. and Street, City, and State): 63 Willow Wood Lane Staten Island, NY ZIP Code						Address of	Joint Debtor	(No. and Str	reet, City, and State):	ZIP Code		
County of Res		of the Princ	cipal Place of	Business		10308	Count	y of Reside	ence or of the	Principal Pla	ace of Business:	
Mailing Addre	ess of Debt	tor (if diffe	rent from stre	et addres	ss):		Mailir	ng Address	of Joint Debt	or (if differe	nt from street address):	
					_	ZIP Code	<u> </u>					ZIP Code
Location of Pr (if different fro												
Type of Debtor (Form of Organization) (Check one box) ■ Individual (includes Joint Debtors) See Exhibit D on page 2 of this form. □ Corporation (includes LLC and LLP) □ Partnership □ Other (If debtor is not one of the above entities, check this box and state type of entity below.)			form. LLP) pove entities,	Nature of Business (Check one box) Health Care Business Single Asset Real Estate as dei in 11 U.S.C. § 101 (51B) Railroad Stockbroker Commodity Broker Clearing Bank Other Tax-Exempt Entity (Check box, if applicable) Debtor is a tax-exempt organiz under Title 26 of the United St Code (the Internal Revenue Code)			y le) ganization ed States	defined "incurr	the I er 7 er 9 er 11 er 12	Petition is Fi	busin	Recognition eding
debtor is una Form 3A. Filing Fee w	Fee attached to be paid in d application able to pay	installments n for the cou fee except in sted (applica	rt's consideration installments. F	individual: on certifyi Rule 1006(7 individu:	ng that the (b). See Office als only). Mu	Check Check Check BB.	Debtor is not if: Debtor's aggrare less than sall applicable A plan is bein Acceptances	a small businegate nonco \$2,343,300 (e.e. boxes: ng filed with of the plan w	debtor as definess debtor as on the debtor as on the debtor as on the debtor de	defined in 11 Unated debts (exc to adjustment		ee years thereafter).
Estimated Nun	imates that imates that be no fund	t funds will t, after any s available	be available exempt prope for distribution	erty is ex	cluded and	administrat		es paid,		THIS	SPACE IS FOR COURT	USE ONLY
1- 49 Estimated Asse	50- 99	100- 199 \$100,001 to \$500,000	200- 999 5 S500,001 5 to \$1 t	1,000- 5,000 5,000 51,000,001 o \$10 nillion	5,001- 10,000 \$10,000,001 to \$50 million	10,001- 25,000 550,000,001 to \$100 million	25,001- 50,000	50,001- 100,000	OVER 100,000			
\$0 to	bilities \$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001	\$1,000,001 to \$10	\$10,000,001 to \$50	\$50,000,001 to \$100	\$100,000,001 to \$500	\$500,000,001 to \$1 billion				

B1 (Official Form 1)(4/10) Page 2 Name of Debtor(s): Voluntary Petition Malewich, Anthony M. (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: - None -Location Case Number: Date Filed: Where Filed: Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) (To be completed if debtor is required to file periodic reports (e.g., I, the attorney for the petitioner named in the foregoing petition, declare that I forms 10K and 10Q) with the Securities and Exchange Commission have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition. Signature of Attorney for Debtor(s) (Date) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

B1 (Official Form 1)(4/10) Page 3 Name of Debtor(s): **Voluntary Petition** Malewich, Anthony M. (This page must be completed and filed in every case) Signatures Signature(s) of Debtor(s) (Individual/Joint) Signature of a Foreign Representative I declare under penalty of perjury that the information provided in this I declare under penalty of perjury that the information provided in this petition petition is true and correct. is true and correct, that I am the foreign representative of a debtor in a foreign [If petitioner is an individual whose debts are primarily consumer debts and proceeding, and that I am authorized to file this petition. has chosen to file under chapter 7] I am aware that I may proceed under (Check only one box.) chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief ☐ I request relief in accordance with chapter 15 of title 11. United States Code. available under each such chapter, and choose to proceed under chapter 7. Certified copies of the documents required by 11 U.S.C. §1515 are attached. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b). ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting I request relief in accordance with the chapter of title 11, United States Code, recognition of the foreign main proceeding is attached. specified in this petition. X /s/ Anthony M. Malewich Signature of Foreign Representative Signature of Debtor Anthony M. Malewich Printed Name of Foreign Representative Signature of Joint Debtor Date Telephone Number (If not represented by attorney) Signature of Non-Attorney Bankruptcy Petition Preparer May 25, 2011 I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for Date compensation and have provided the debtor with a copy of this document Signature of Attorney* and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services X /s/ Patrick K. Schaefer chargeable by bankruptcy petition preparers, I have given the debtor notice Signature of Attorney for Debtor(s) of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Patrick K. Schaefer ps7113 Official Form 19 is attached. Printed Name of Attorney for Debtor(s) Doyaga & Schaefer Printed Name and title, if any, of Bankruptcy Petition Preparer Firm Name 26 Court Street, Suite 1002 Brooklyn, NY 11242 Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition Address preparer.)(Required by 11 U.S.C. § 110.) Email: david.doyaga@verizon.net 718 488 7500 Fax: 718 488 7505 Telephone Number May 25, 2011 Address Date *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect. Date **Signature of Debtor (Corporation/Partnership)** Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose Social Security number is provided above. I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition Names and Social-Security numbers of all other individuals who prepared or on behalf of the debtor. assisted in preparing this document unless the bankruptcy petition preparer is The debtor requests relief in accordance with the chapter of title 11, United not an individual: States Code, specified in this petition. Signature of Authorized Individual If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. Printed Name of Authorized Individual A bankruptcy petition preparer's failure to comply with the provisions of

Title of Authorized Individual

Date

title 11 and the Federal Rules of Bankruptcy Procedure may result in

fines or imprisonment or both 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

United States Bankruptcy Court Eastern District of New York

In re	Anthony M. Malewich	Case No.		
		Debtor(s)	Chapter	7

EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.*
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: [Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]

1D (Official Form 1, Exhibit D) (12/09) - Cont.	age 2
☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.); ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being	
unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone,	or
through the Internet.);	
☐ Active military duty in a military combat zone.	
☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling quirement of 11 U.S.C. § 109(h) does not apply in this district.	,
I certify under penalty of perjury that the information provided above is true and correct.	
Signature of Debtor: /s/ Anthony M. Malewich Anthony M. Malewich	
Date: May 25, 2011	

B6 Summary (Official Form 6 - Summary) (12/07)

United States Bankruptcy Court Eastern District of New York

In re	Anthony M. Malewich		Case No.	
		Debtor		
			Chapter	7

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	401,760.00		
B - Personal Property	Yes	3	14,172.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		556,592.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		1,281.49	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	27		228,713.34	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			4,061.36
J - Current Expenditures of Individual Debtor(s)	Yes	1			4,160.00
Total Number of Sheets of ALL Schedu	ıles	40			
	To	otal Assets	415,932.00		
			Total Liabilities	786,586.83	

Form 6 - Statistical Summary (12/07)

United States Bankruptcy Court Eastern District of New York

Anthony M. Malewich		Case No.	
	Debtor ,	Chapter	
STATISTICAL SUMMARY OF CERTAIN LIA	ABILITIES AN	ND RELATED DA	TA (28 U.S.C. § 1
f you are an individual debtor whose debts are primarily consumer decase under chapter 7, 11 or 13, you must report all information reque	ebts, as defined in § 1		•
■ Check this box if you are an individual debtor whose debts are report any information here.	NOT primarily const	umer debts. You are not r	equired to
This information is for statistical purposes only under 28 U.S.C. § Summarize the following types of liabilities, as reported in the Sch		em.	
Type of Liability	Amount		
Domestic Support Obligations (from Schedule E)			
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)			
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)			
Student Loan Obligations (from Schedule F)			
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E			
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)			
TOTAL			
State the following:			
Average Income (from Schedule I, Line 16)			
Average Expenses (from Schedule J, Line 18)			
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)			
State the following:			
1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column			
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column			
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column			
4. Total from Schedule F			
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)			

101(8)), filing

B6A (Official Form 6A) (12/07)

In re	Anthony M. Malewich	Case No	
_			
		Debtor	

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

4 Family House located at 273 Liberty Avenue,	JOINT OWNER	-	401,760.00	556,592.00
Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption	Amount of Secured Claim

Jersey City NJ Joint owner with his wife. Debtor is surrendering this house which is in foreclosure As per Zillow the market value is \$401,760

> Sub-Total > 401,760.00 (Total of this page)

401,760.00 Total >

0 continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

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B6B (Official Form 6B) (12/07)

In re	Anthony M. Malewich		Case No.	
-		Debtor	,	

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

	Type of Property	N O Description and Location of Property E	JOHIL, OI	Current Value of Debtor's Interest in Property without Deducting any Secured Claim or Exemption
1.	Cash on hand	Cash on hand	-	50.00
2.	Checking, savings or other financial	Checking account at TD BAnk	-	100.00
	accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.	Joint Checking account at TD Bank	-	500.00
3.	Security deposits with public utilities, telephone companies, landlords, and others.	х		
4.	Household goods and furnishings, including audio, video, and computer equipment.	Furniture	-	950.00
5.	Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	х		
6.	Wearing apparel.	Clothing	-	100.00
7.	Furs and jewelry.	Jewelry	-	120.00
8.	Firearms and sports, photographic, and other hobby equipment.	x		
9.	Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	Term Life Insurance through his job.	-	Unknown
10.	Annuities. Itemize and name each issuer.	x		
			Sub-Tot	al > 1,820.00

2 continuation sheets attached to the Schedule of Personal Property

(Total of this page)

 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

In re Anthony M. Malewich Case No.	
------------------------------------	--

Debtor

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

			(
	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
11.	Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	х			
12.	Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Pension plan through job. 401(K) Profit Sharing Plan and Trust through Second Generation stairs LLC	-	Unknown Unknown
13.	Stock and interests in incorporated and unincorporated businesses. Itemize.		Second Generation Stairs LLC (Debtor is only 25% owner)	-	Unknown
14.	Interests in partnerships or joint ventures. Itemize.	X			
15.	Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16.	Accounts receivable.	X			
17.	Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18.	Other liquidated debts owed to debtor including tax refunds. Give particulars.		Joint 2010 Tax Refunds	-	8,852.00
19.	Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20.	Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21.	Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
				Sub-Tot	al > 8,852.00
			(Tota	of this page)	

Sheet 1 of 2 continuation sheets attached to the Schedule of Personal Property

 $B6B\ (Official\ Form\ 6B)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No.
	•	

Debtor

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

	Type of Property	N O N E	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, without Deducting any Secured Claim or Exemption
22.	Patents, copyrights, and other intellectual property. Give particulars.	X			
23.	Licenses, franchises, and other general intangibles. Give particulars.	X			
24.	Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25.	Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26.	Boats, motors, and accessories.	X			
27.	Aircraft and accessories.	X			
28.	Office equipment, furnishings, and supplies.	X			
29.	Machinery, fixtures, equipment, and supplies used in business.	X			
30.	Inventory.	X			
31.	Animals.	X			
32.	Crops - growing or harvested. Give particulars.	X			
33.	Farming equipment and implements.	X			
34.	Farm supplies, chemicals, and feed.	X			
35.	Other personal property of any kind not already listed. Itemize.	judgmei	vs. Myra Quiles, Debtor was awarded a nt from landlord/tenant court, .T-377-09	-	3,500.00

| Sub-Total > 3,500.00 | | (Total of this page) | Total > 14,172.00 |

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

B6C (Official Form 6C) (4/10)

In re	Anthony M. Malewich		Case No.	
-		Debtor	,	

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceeds
(Check one box)	\$146,450. (Amount subject to adjustment on 4/1/13, and every three years thereafte
11 U.S.C. §522(b)(2)	with respect to cases commenced on or after the date of adjustment.)
\Box 11 U.S.C. 8522(b)(3)	

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
Cash on Hand Cash on hand	11 U.S.C. § 522(d)(5)	50.00	50.00
Checking, Savings, or Other Financial Accounts, Checking account at TD BAnk	Certificates of Deposit 11 U.S.C. § 522(d)(5)	100.00	100.00
Joint Checking account at TD Bank	11 U.S.C. § 522(d)(5)	500.00	500.00
Household Goods and Furnishings Furniture	11 U.S.C. § 522(d)(3)	950.00	950.00
Wearing Apparel Clothing	11 U.S.C. § 522(d)(5)	100.00	100.00
Furs and Jewelry Jewelry	11 U.S.C. § 522(d)(4)	120.00	120.00
Interests in Insurance Policies Term Life Insurance through his job.	11 U.S.C. § 522(d)(7)	Unknown	Unknown
Interests in IRA, ERISA, Keogh, or Other Pension Pension plan through job.	or Profit Sharing Plans 11 U.S.C. § 522(d)(10)(E)	Unknown	Unknown
401(K) Profit Sharing Plan and Trust through Second Generation stairs LLC	11 U.S.C. § 522(d)(10)(E)	Unknown	Unknown
Other Liquidated Debts Owing Debtor Including Ta Joint 2010 Tax Refunds	ax Refund 11 U.S.C. § 522(d)(5)	8,852.00	8,852.00

Total:	10.672.00	10.672.00
LOIME.	10-6/2-00	10.677.00

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B6D (Official Form 6D) (12/07) In re Anthony M. Malewich Case No._ Debtor

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	COD EBT OR	A H M	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	COXH-ZGEZH	UNDUCOLL'SC	S	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Account No. 2004193628 Creditor #: 1 CITIMORTGAGE INC PO BOX 9438 GAITHERSBURG, MD 20898		-	3/1/2007 4 Family House located at 273 Liberty Avenue, Jersey City NJ Joint owner with his wife. Debtor is surrendering this house which is in foreclosure As per Zillow the market value is \$401,760 Value \$ 401,760.00	T	TED		60,608.00	0,00
Account No. 6681009680537 Creditor #: 2 ONEWEST BANK 6900 BEATRICE DR KALAMAZOO, MI 49009		-	3/1/2007 4 Family House located at 273 Liberty Avenue, Jersey City NJ Joint owner with his wife. Debtor is surrendering this house which is in foreclosure As per Zillow the market value is \$401,760 Value \$ 401,760.00				495,984.00	154,832.00
Account No.			Value \$				433,304.00	134,032.00
Account No.			Value \$					
continuation sheets attached			S (Total of the		556,592.00	154,832.00		
			(Report on Summary of Sci	556,592.00	154,832.00			

B6E (Official Form 6E) (4/10) In re Anthony M. Malewich Case No. Debtor SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.) Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules. Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E. TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets) ☐ Domestic support obligations Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1). ☐ Extensions of credit in an involuntary case Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3). ☐ Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$11,725* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). ☐ Contributions to employee benefit plans Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5). ☐ Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,775* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6). ☐ Deposits by individuals Claims of individuals up to \$2,600* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not

delivered or provided. 11 U.S.C. § 507(a)(7).

■ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

continuation sheets attached

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

B6E (Official Form 6E) (4/10) - Cont.

In re	Anthony M. Malewich		Case No	
-		Debtor		

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

Taxes and Certain Other Debts
Owed to Governmental Units

TYPE OF PRIORITY CODEBTOR Husband, Wife, Joint, or Community CONTINGENT UZLIQUIDATED AMOUNT NOT ENTITLED TO PRIORITY, IF ANY CREDITOR'S NAME, SPUTED AND MAILING ADDRESS Н **AMOUNT** DATE CLAIM WAS INCURRED INCLUDING ZIP CODE, W AND CONSIDERATION FOR CLAIM OF CLAIM AMOUNT ENTITLED TO PRIORITY C AND ACCOUNT NUMBER (See instructions.) TAXES OWED Account No. Creditor #: 1 **COMMISSIONER OF LABOR** 1,281.49 **STATE OFFICE CAMPUS B-12** RM 256 Albany, NY 12240 1,281.49 0.00 Account No. Account No. Account No. Account No. Subtotal 1,281.49 Sheet <u>1</u> of <u>1</u> continuation sheets attached to (Total of this page) Schedule of Creditors Holding Unsecured Priority Claims 1,281.49 0.00 Total 1,281.49 (Report on Summary of Schedules) 1,281.49 0.00

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F

		_	ms to report on and semedate 11				
CREDITOR'S NAME,	Ç	Н	usband, Wife, Joint, or Community	CO	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBT OR	C A M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETORE SO STATE	OZT-ZGEZT	Q U I	U T F	
Account No. D24459	T	T	FOR NOTIFICATION PURPOSES ONLY	T N	D A T F		
Creditor #: 1 ACB RECEIVABLES MGT 19 MAIN ST PO BOXO 350 Asbury Park, NJ 07712		-			E D		
							0.00
Account No. 01200 162511066			SERVICES				
Creditor #: 2 ADT SECURITY SERVICES 14200 E. EXPOSITION AVE Aurora, CO 80012		-					
A (N	4	_	FOR NOTIFICATION PURPOSES ONLY		L		Unknown
Account No. Creditor #: 3 ALLIANCE ONE 4850 STREET RD LEVEL C Feasterville Tre, PA 19053		-	FOR NOTIFICATION PURPOSES ONLY				
							0.00
Account No. 3721-298222-22003 Creditor #: 4 AMERICAN EXPRESS PO BOX 6618 Omaha, NE 68105		-	GOODS AND SERVICES				Unknown
		•	(Total of t	Subt			0.00

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No.	
		Debtor	

	С	Тн	usband, Wife, Joint, or Community	С	Ιυ	D	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H H	DATE CLAIM WAS INCUDED AND	CONTINGEN	L I Q	I S P U T E	AMOUNT OF CLAIM
Account No.			FOR NOTIFICATION PURPOSES ONLY	Т	E		
Creditor #: 5 APEX FINANCIAL MANAGEMENT 1120 W LAKE COOK RD STE A Buffalo Grove, IL 60089		-			D		0.00
Account No.	t	t	FOR NOTIFICATION PURPOSES ONLY		t		
Creditor #: 6 ASSOCIATED CREDIT SERVICE 105B SOUTH ST PO BOX 9100 Hopkinton, MA 01748		_					0.00
Account No. 2605	┢	H	2/1/2004	+	+	\vdash	
Creditor #: 7 BANK OF AMERICA PO BOX 1598 NORFOLK, VA 23501		-	Goods + Services, (97)Unpaid balance reported as a loss by credit grantor.				
		L		_			11,971.00
Account No. 8551 Creditor #: 8 BANK OF AMERICA PO BOX 1598 NORFOLK, VA 23501		_	12/1/2003 Goods + Services, (97)Unpaid balance reported as a loss by credit grantor. BUSINESS DEBT				
							14,379.00
Account No. 5603 Creditor #: 9 BANK OF AMERICA PO BOX 1598 NORFOLK, VA 23501	-	-	7/1/2004 Goods + Services, (97)Unpaid balance reported as a loss by credit grantor. BUSINESS DEBT				13,885.00
Character 4 of 00 above 4 1 1 0 2 1 1 0	<u></u>				4	1	10,000.00
Sheet no. <u>1</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub of this			40,235.00

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich		Case No.	
		Debtor	•,	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) Account No. 9605	CODEBTOR	C H H	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	C O N T I N G E N T	LIQUIDATE	AMOUNT OF CLAIM
Creditor #: 10 BANK OF AMERICA PO BOX 1598 NORFOLK, VA 23501		-	for notification purposes only		D	0.00
Account No. 18 Creditor #: 11 BANK OF AMERICA PO BOX 17054 WILMINGTON, DE 19850		-	9/1/2006 for notification purposes only			0.00
Account No. 68821061558899 Creditor #: 12 BANK OF AMERICA 4161 PIEDMONT PKWY GREENSBORO, NC 27410		-	3/1/2006 for notification purposes only			0.00
Account No. 68821007921799 Creditor #: 13 BANK OF AMERICA 4161 PIEDMONT PKWY GREENSBORO, NC 27410		-	4/1/2003 for notification purposes only			0.00
Account No. 483032852306 Creditor #: 14 BANK OF AMERICA PO BOX 25118 Tampa, FL 33622		_	BUISNESS DEBT			0.00
Sheet no. 2 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub this		0.00

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich		Case No.	
		Debtor	•,	

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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H C	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	L Q	DISPUTED	AMOUNT OF CLAIM
Account No. 4777210845560877			5/1/2001	'	Ę		
Creditor #: 15 BANKFIRST 1509 W 41ST ST SIOUX FALLS, SD 57105		-	for notification purposes only		D		0.00
Account No. 5424770823880351			6/1/1999				
Creditor #: 16 BANKFIRST 1509 W 41ST ST SIOUX FALLS, SD 57105		-	for notification purposes only				0.00
Account No.				+	\vdash	\vdash	
Creditor #: 17 BEVERLY GARNER 363 HILL AVENUE Elmont, NY 11003		-					0.00
Account No. 416456	\vdash		BUSINESS DEBT	-	\vdash		
Creditor #: 18 BLUE BOOK OF BUILDING & PO BOX 500 Jefferson Valley, NY 10535		-					
Account No.			BUSINESS DEBT		\vdash		Unknown
Creditor #: 19 BLUE BOOK OF BUILDING & PO BOX 500 Jefferson Valley, NY 10535		-	DUSINESS DEDI				0.00
Sheet no. 3 of 26 sheets attached to Schedule of	_	_		Sub	tota	ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich		Case No.	
_		Debtor	,	

	T -	1,:			1.	1 -	т
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	LIQUID	SPUTED	AMOUNT OF CLAIM
Account No. 412174151603	1		12/1/1998	'	E		
Creditor #: 20 CAP ONE PO BOX 85520 RICHMOND, VA 23285		-	for notification purposes only				0.00
Account No. 517805249529	╀	╁	11/1/2004				5.55
Creditor #: 21 CAP ONE PO BOX 85520 RICHMOND, VA 23285		-	for notification purposes only				0.00
Account No. 517805218003	✝	T	4/1/2002	+	+		
Creditor #: 22 CAP ONE PO BOX 85520 RICHMOND, VA 23285		-	for notification purposes only				0.00
Account No. 517805221048	╁	\dagger	5/1/2002		+	\vdash	
Creditor #: 23 CAP ONE PO BOX 85520 RICHMOND, VA 23285		-	for notification purposes only				0.00
Account No.	t	t	BUSINESS DEBT	\dashv	T		
Creditor #: 24 CEE JAY REAL ESTATE DEVEL 11 ARBUTUS AVENUE Staten Island, NY 10314		-					Unknown
Sheet no. 4 of 26 sheets attached to Schedule of		_	ı	Sub	tota	ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total o	f this	pag	ge)	0.00

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No.	
		Debtor	

				-		-	<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	L Q	T E	AMOUNT OF CLAIM
Account No. 418587800146			8/1/2006	[]	Ė		
Creditor #: 25 CHASE PO BOX 15298 WILMINGTON, DE 19850		-	Goods + Services, (80)Account delinquent 90 days past due date.				4,566.00
Account No. 426684113234	T	T	5/1/2005	T			
Creditor #: 26 CHASE PO BOX 15298 WILMINGTON, DE 19850		-	Goods + Services, (78)Account delinquent 60 days past due date.				3,204.00
Account No. 446561130043	┝	╁	12/1/1998	-	-		,
Creditor #: 27 CHASE PO BOX 15298 WILMINGTON, DE 19850		-	for notification purposes only				0.00
Account No. 512257101671	┢	+	11/1/2003	H	┢		
Creditor #: 28 CHASE PO BOX 15298 WILMINGTON, DE 19850	-	-	Goods + Services, (11)This is an account in good standing.				6,892.00
Account No. 588896310515	┢	+	5/1/2008	1	\vdash	\vdash	
Creditor #: 29 CHASE - TOYS R US PO BOX 15298 WILMINGTON, DE 19850		_	Goods + Services, (11)This is an account in good standing.				443.00
Sheet no. <u>5</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Sub			15,105.00

B6F (Official Form 6F) (12/07) - Cont.

In re	Anthony M. Malewich	Case No.	
_		Debtor	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community UNLIQUIDATED CODEBTOR CONTINGENT CREDITOR'S NAME, **MAILING ADDRESS** DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE. W CONSIDERATION FOR CLAIM. IF CLAIM C AMOUNT OF CLAIM AND ACCOUNT NUMBER IS SUBJECT TO SETOFF, SO STATE. (See instructions above.) **GOODS AND SERVICES** Account No. 865106 Creditor #: 30 **CHASE BANK USA** PO BOX 15298 Wilmington, DE 19850 5.288.61 Account No. 554285020113 2/1/2001 for notification purposes only Creditor #: 31 **CHASE BANK USA, NA** PO BOX 15298 **WILMINGTON, DE 19850** 0.00 Account No. 1919739680 9/1/2005 for notification purposes only Creditor #: 32 **CHASE MANHATTAN MTGE** 3415 VISION DR COLUMBUS, OH 43219 0.00 Account No. 062 14722 **GOODS AND SERVICES** Creditor #: 33 **CINTAS** PO BOX 630803 LOC#62 Cincinnati, OH 45263 Unknown Account No. 14897 **GOODS AND SERVICES** Creditor #: 34 **CINTAS** PO BOX 630803 LOC#62 Cincinnati, OH 45263 Unknown Sheet no. 6 of 26 sheets attached to Schedule of Subtotal 5,288.61 Creditors Holding Unsecured Nonpriority Claims (Total of this page)

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich		Case No.	
_		Debtor	,	

	С	Ни	sband, Wife, Joint, or Community	I c	Ιυ	D	Γ
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	J H M	DATE CLAIM WAS INCUIDED AND	CONTINGEN	LIQUID	ISPUTE	AMOUNT OF CLAIM
Account No. 79450129026566102			8/1/2004	Т	A T E		
Creditor #: 35 CIT BANK/DFS 12234 N IH 35 SB BLDG B AUSTIN, TX 78753		-	for notification purposes only		D		0.00
Account No. 66180001			GOODS AND SERVICES		T		
Creditor #: 36 CITGO CERTIFIED GASOLINES 93 WRIGHT AVE Staten Island, NY 10303		-					Unknown
Account No. 542418084288	┢	\vdash	8/1/2004		+	T	
Creditor #: 37 CITI PO BOX 6241 SIOUX FALLS, SD 57117		-	Goods + Services, (97)Unpaid balance reported as a loss by credit grantor.				11,869.00
Account No. 5528-1500-3150-3738	H	H	BUSINESS DEBT		t	\vdash	
Creditor #: 38 CITI BUSINESS PROF C/O UNITED RECOVERY 5800 NORTH COURSE DRIVE Houston, TX 77072		-					7,409.14
Account No. 5528150031503738		T	4/1/2008	\top		T	
Creditor #: 39 CITICARDS PO BOX 6241 SIOUX FALLS, SD 57117		-	Goods + Services, (97)Unpaid balance reported as a loss by credit grantor.				6,068.00
Sheet no7 of _26 _ sheets attached to Schedule of	<u> </u>	<u> </u>	I.	Sub	tota	ı al	
Creditors Holding Unsecured Nonpriority Claims			(Total c				25,346.14

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich		Case No.	
_		Debtor	,	

					_		
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBFOR	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	LIQUID	SPUTED	AMOUNT OF CLAIM
Account No. 542418105043			8/1/2004	Т	T E		
Creditor #: 40 CITICORP CREDIT SERVICES PO BOX 6241 SIOUX FALLS, SD 57117		_	Goods + Services, (97)Unpaid balance reported as a loss by credit grantor.		D		15,604.00
Account No. 20001859		\vdash	BUSINESS DEBT	+	╁	\vdash	,
Creditor #: 41 CLIPPER MAGAZINE 3708 HEMPLAND RD MOUNTVILLE, PA 17544		_	BOOMESS BEBT				1,209.00
Account No. 4266-8411-3234-8929			GOODS AND SERVICES	+	H		
Creditor #: 42 CREDITORS FINANCIAL GROUP 3131 SOUTH VAUGHN WAY SUITE 110 Aurora, CO 80044		_					3,745.31
Account No.			BUSINESS DEBT	+	T	T	
Creditor #: 43 CUSTOM PLASTICS INC 910 BEDFORD AVE Brooklyn, NY 11205		-					0.00
Account No. CD 5001 19378	\vdash	\vdash		+	+	\vdash	
Creditor #: 44 DANIEL TURNER 174 WINDSOR RD Staten Island, NY 10314		-					Unknown
							Unknown
Sheet no. _8 of _26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sub f this			20,558.31

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No	
-		Debtor	

	Ι_	1	web and Milita Islant on Opposite	Τ.	1	15	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C H M	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	LIQUID	DISPUTED	AMOUNT OF CLAIM
Account No. INDEX#SCK 2749 10			BUSINESS DEBT		ΙE		
Creditor #: 45 DAVID MARKOWITZ 66 HEWARD STREET Brooklyn, NY 11206		-			D		2,500.00
Account No. 601139850479	t	t	4/1/2008		t	T	
Creditor #: 46 DISCOVER FIN SVCS LLC PO BOX 15316 WILMINGTON, DE 19850		-	Goods + Services, (80)Account delinquent 90 days past due date.				
							13,269.00
Account No. 601100131435		T	5/1/2005	T	T	T	
Creditor #: 47 DISCOVER FIN SVCS LLC PO BOX 15316 WILMINGTON, DE 19850		-	Goods + Services, (80)Account delinquent 90 days past due date.				
							1,668.00
Account No. JMP2	t	t	BUSINESS DEBT		t	\vdash	
Creditor #: 48 DOWNES & READER HARDWOOD PO BOX 456 Stoughton, MA 02072		-					
		_					4,423.97
Account No. Creditor #: 49 EASTERN HARDWOOD PRODUCTS 301 BADGER AVENUE Newark, NJ 07108		-	BUSINESS DEBT				
							Unknown
Sheet no. 9 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			21,860.97

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No
_		Debtor

	١.	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Τ.		1.	1
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	L L Q	PUTED	AMOUNT OF CLAIM
Account No.			BUSINESS DEBT		ΙE		
Creditor #: 50 ED DRURY 2581 RICHMOND TERRACE Staten Island, NY 10303		-			D		Unknown
Account No.	t		BUSINESS DEBT		T		
Creditor #: 51 EQUABLE ASCENT FINANCIAL 1120 W. LAKE COOK RD STEB Buffalo Grove, IL 60089		-					5,288.61
Account No.	┞	_	FOR NOTIFICATION PURPOSES ONLY	+	+	┢	3,200.01
Creditor #: 52 EQUABLE ASCENT FINANCIAL 1120 W LAKE COOK RD STE 4 Buffalo Grove, IL 60089		-					0.00
Account No.	┝	H	BUSINESS DEBT	+	+	╁	0.00
Creditor #: 53 FERRARO FOODS INC C/O WILHELM LAW FIRM PO BOX 869 Clifton Park, NY 12065	x	-					2,435.79
Account No. 4800-1130-6173-5317	┢	t	GOODS AND SERVICES	$^{+}$	$^{+}$	+	
Creditor #: 54 FIA CARD PO BOX 15726 Wilmington, DE 19886		-					11,971.00
Sheet no. 10 of 26 sheets attached to Schedule of	<u> </u>			Sub	tot:	 a1	,550
Creditors Holding Unsecured Nonpriority Claims			(Total of				19,695.40

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No	
-		Debtor	

	_	_			_		
CREDITOR'S NAME,	CO	Hu	sband, Wife, Joint, or Community		L L	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	O N T I N G E N	(J D I S P U T E D	AMOUNT OF CLAIM
Account No. 4147-3600-1291-5561			BUSINESS DEBT	٦	T		
Creditor #: 55 FIA CARD PO BOX 15726 Wilmington, DE 19886		_					14,002.00
Account No. 4888-9302-8768-5900			GOODS AND SERVICES	+	\dagger		
Creditor #: 56 FIA CARD PO BOX 15726 Wilmington, DE 19886		_					13,548.00
Account No. 0085			BUSINESS DEBT	+	+	╁	
Creditor #: 57 FJ NEWMEYER PO BOX 36 713 NEW BRUNSWICK AVE Rahway, NJ 07065		_					0.00
Account No. 411100	Н	\vdash	BUSINESS DEBT	+	+	+	
Creditor #: 58 FJ NEWMEYER LUMBER CO C/O BURT & ASSOCIATES 6700 PINCREST DRIVE #150 Plano, TX 75024		_					10,400.48
Account No. 3504			BUSINESS DEBT	+	t	+	
Creditor #: 59 FLAG CONTAINER SERVICES 11 FERRY STREET Staten Island, NY 10302		_					Unknown
Sheet no11_ of _26_ sheets attached to Schedule of			<u>L</u>	Sub	tot	al	
Creditors Holding Unsecured Nonpriority Claims			(Total o				37,950.48

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No
_		Debtor

	_					_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	NTING	LIQUI	DISPUTED	AMOUNT OF CLAIM
Account No. 5567865082192140			GOODS AND SERVICES	Т	ΕI		
Creditor #: 60 FLEETCOR TECHNOLOGIES C/O CRESTWOOD MGMT LLC PO BOX 22630 Beachwood, OH 44122		-			D		Unknown
Account No. 41529439	T		9/1/2006	T			
Creditor #: 61 FORD CRED PO BOX BOX 542000 OMAHA, NE 68154		-	Goods + Services, (73)Account 30 days past due date three times.				
	┖						3,374.00
Account No.	1		CAR LOAN DEFICIENCY				
Creditor #: 62 FORD MOTOR CREDIT PO BOX 542000 Omaha, NE 68154		-					Unknown
Account No. 024912447333	╁	\vdash	3/1/2008	\dashv	\dashv	-	
Creditor #: 63 G M A C PO BOX 12699 GLENDALE, AZ 85318		-	Goods + Services, (77)Account was delinquent 60 days past due date/now 30 days past due date.				
							6,597.94
Account No. 601859521917 Creditor #: 64 GEMB/GAP PO BOX 981400 EL PASO, TX 79998		_	9/1/2004 for notification purposes only				0.00
Sheet no. 12 of 26 sheets attached to Schedule of		<u> </u>	c.	ubte	otal	-	
Creditors Holding Unsecured Nonpriority Claims			(Total of th				9,971.94

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No	
-		Debtor	

	1 -	L		T-	1	1 -	T
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	L I Q	DISPUTED	AMOUNT OF CLAIM
Account No. 601859521743			9/1/2004	'	E		
Creditor #: 65 GEMB/GAP PO BOX 981400 EL PASO, TX 79998		_	for notification purposes only		ט		0.00
Account No. 601859521919	Ī	T	9/1/2004				
Creditor #: 66 GEMB/GAP PO BOX 981400 EL PASO, TX 79998		-	Goods + Services, (11)This is an account in good standing.				
							20.00
Account No. 190270			12/1/1994				
Creditor #: 67 GEMB/JCP PO BOX 984100 EL PASO, TX 79998		-	for notification purposes only				0.00
Account No. 332248	┞		11/1/2003	+			0.00
Creditor #: 68 GEMB/JCP PO BOX 984100 EL PASO, TX 79998		-	for notification purposes only				
A4 Nz 700000004040			E (4 /0004				0.00
Account No. 798222231019 Creditor #: 69 GEMB/LOWES PO BOX 103065 ROSWELL, GA 30076		-	5/1/2001 for notification purposes only				0.00
					<u> </u>	<u></u>	1.50
Sheet no. <u>13</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			20.00

B6F (Official Form 6F) (12/07) - Cont.

In re	Anthony M. Malewich	Case No.	
		Debtor ,	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

Husband, Wife, Joint, or Community UNLIQUIDATED CODEBTOR CONTINGENT CREDITOR'S NAME, **MAILING ADDRESS** DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, W CONSIDERATION FOR CLAIM. IF CLAIM C AMOUNT OF CLAIM AND ACCOUNT NUMBER IS SUBJECT TO SETOFF, SO STATE. (See instructions above.) Account No. 601917032365 10/1/2005 for notification purposes only Creditor #: 70 **GEMB/PC RICHARD** PO BOX 981439 **EL PASO, TX 79998** 0.00 Account No. 601919100239 7/1/2004 for notification purposes only Creditor #: 71 **GEMB/SLEEPYS** PO BOX 981439 **EL PASO, TX 79998** 0.00 **BUSINESS DEBT** Account No. Creditor #: 72 **GLORIA JEAN CLEMENTI 5 REDFERN RD** Eatontown, NJ 07724 Unknown **BUSINESS DEBT** Account No. Creditor #: 73 HAMMOND SAFETY MANAGEMENT **6800 JERICHO TURNPIKE SUITE 105W** Syosset, NY 11791 Unknown Account No. **BUSINESS DEBT** Creditor #: 74 HAROLD LEVINSON ASSOC 21 BANFI PLAZA Farmingdale, NY 11735 Unknown Sheet no. 14 of 26 sheets attached to Schedule of Subtotal 0.00

Creditors Holding Unsecured Nonpriority Claims

(Total of this page)

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	,	Case No.	
		Debtor		

	ΙΛ	111	usband, Wife, Joint, or Community	10	To	<u> </u>	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	LIQUID	SPUTED	AMOUNT OF CLAIM
Account No.			FOR NOTIFICATION PURPOSES ONLY	T	ΙE		
Creditor #: 75 HENRY DALEY 1 CROSS ISLAND PLAZA Rosedale, NY 11422		-			D		0.00
Account No.	T	T	FOR NOTIFICATION PURPOSES ONLY		T		
Creditor #: 76 HENRY DALEY 1 CROSS ISLAND PLAZA Rosedale, NY 11422		-					0.00
Account No. 8609287924	T	T	5/1/2005		T		
Creditor #: 77 HSBC BANK PO BOX 5253 CAROL STREAM, IL 60197		_	for notification purposes only				0.00
Account No. 8609233522	✝	╁	5/1/2005	+	+		
Creditor #: 78 HSBC BANK PO BOX 5253 CAROL STREAM, IL 60197		_	for notification purposes only				0.00
Account No.	╁	+	BUSINESS DEBT	+	+		
Creditor #: 79 HYLAN CHECK CASHING 1919 HYLAN BLVD Staten Island, NY 10305		-					Unknown
Sheet no. 15 of 26 sheets attached to Schedule of	_	_	1	Sub	tota	ıl	
Creditors Holding Unsecured Nonpriority Claims			(Total of				0.00

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich		Case No.	
		Debtor	•,	

				_		_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTO	Hu: H W J C	sband, Wife, Joint, or Community DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	Q U	DISPUTED	AMOUNT OF CLAIM
	R	Ľ		Ņ	D A T E	D	
Account No. SEC006			BUSINESS DEBT	'	Ė		
Creditor #: 80 IMPERIAL BAG & PAPER CO 59 HOOK ROAD Bayonne, NJ 07002		-					0.00
Account No.			BUSINESS DEBT				0.00
Creditor #: 81 IMPERIAL BAG&PAPER 59 HOOK RD Bayonne, NJ 07002		-					573.20
Account No. 46167730000067326	H		BUSINESS DEBT	\vdash		Н	
Creditor #: 82 INNOVATIVE MERCHANT SOLUT 21215 BURBANK BLVD SUITE 100 Woodland Hills, CA 91367		-					2,430.00
Account No.			BUSINESS DEBT	 			-
Creditor #: 83 J.R. PRODUCE 23 RUPERT AVENUE Staten Island, NY 10314		-					0.00
Account No. 30300999872223			WATER BILL FOR THE NJ PROPERTY				
Creditor #: 84 JC MUNICIPAL UTILITIES UNITED WATER JERSEY CITY 69 DEVOE PLACE Hackensack, NJ 07601		-					5,076.94
Sheet no. <u>16</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Subi			8,080.14

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No.	
		Debtor ,	

	٦	ш	usband, Wife, Joint, or Community	1	111	П	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGEN	UNLIQUIDATE	DISPUTED	AMOUNT OF CLAIM
Account No.			JUDGMENT AGAINST	T	E		
Creditor #: 85 JEFF STILLMAN 195 BALDWIN AVE UNIT 5 Jersey City, NJ 07302		_			D		Unknown
Account No.		T					
Creditor #: 86 JONATHAN RICHARD IMMORDIN 9802 161 AVE Howard Beach, NY 11414		_					Unknown
Account No.	┞	\vdash	FOR NOTIFICATION PURPOSES ONLY	+	╀	\vdash	
Creditor #: 87 MALEN & ASSOCIATES 123 FROST STREET Westbury, NY 11590		_	TO THE TOTAL OF TH				0.00
Account No. 4303055017040	┢	╁	7/1/2003	\dagger	\vdash	T	
Creditor #: 88 MCYDSNB 9111 DUKE BLVD MASON, OH 45040		_	for notification purposes only				0.00
Account No. 4303055017020 Creditor #: 89 MCYDSNB 9111 DUKE BLVD MASON, OH 45040		_	7/1/2003 for notification purposes only				0.00
Sheet no17_ of _26_ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No	
-		Debtor	

	_	_					
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Account No. 005000786064			UTILITY BILL FOR THE NJ PROPERTY	T	E		
Creditor #: 90 METRO ENERGY 1011 HUDSON AVE Ridgefield, NJ 07657		-			D		Unknown
Account No.			LANDLORD/TENAT MATTER				
Creditor #: 91 MOHAMMAD ISHMAEL 61 ELEANOR PLACE Staten Island, NY 10303		-					7,875.00
Account No. 30123 42528	t	H	SERVICES	╁			
Creditor #: 92 NATIONAL GRID ONE METRO TECH Brooklyn, NY 11201		-					0.00
Account No.	H	t	SERVICES	+	┢		
Creditor #: 93 NEW YORK SPORTS CLUB TSI STATEN ISLAND INC 300 WEST SERVICE RD Staten Island, NY 10314		_					Unknown
Account No. Z2091 5948	H	\vdash		+	H	H	
Creditor #: 94 NEW YORK STATE INSURANCE PO BOX 5262 Binghamton, NY 13902	-	_					0.00
Sheet no. 18 of 26 sheets attached to Schedule of	_	_	1	Sub	tota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of				7,875.00

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No
_		Debtor

	_			_			<u> </u>
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	l Q	l F	AMOUNT OF CLAIM
Account No.			BUSINESS DEBT	Ι'	Ė		
Creditor #: 95 NONNA'S FRESH SAUSUAGE & 20 ENGERT STREET Staten Island, NY 10309		-			D		Unknown
Account No.			BUSINESS DEBT				
Creditor #: 96 NY COMMUNITY FINANCIAL LL MICHAEL PEDERSON DIRECTOR 560 SYLVAN AVE Englewood Cliffs, NJ 07632		-					2,920.00
Account No.	Г						
Creditor #: 97 NYS DEPT OF LABOR UNEMPLOYMENT INS. DIVI STATE OFFICE CAMPUS B 12 Albany, NY 12240		-					Unknown
Account No. 384217428 B	Г		BUSINESS DEBT				
Creditor #: 98 NYS WORKANS COMP BD C/O RMS COLLECTION 1 EXCHANGE PLAZA New York, NY 10006		-					Unknown
Account No.	\vdash	\vdash			\vdash		
Creditor #: 99 OM MEHTA 61 EARDLEY RD Edison, NJ 08817		-					Unknown
Sheet no. 19 of 26 sheets attached to Schedule of	_		<u>l</u>	Sub	tota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of t				2,920.00

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No.	
_		Debtor	

					_	_	, ,
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	C O D E B T O R	H W	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.		l L I Q		AMOUNT OF CLAIM
Account No. 10092198			BUSINESS DEBT		ΙE		
Creditor #: 100 PAUL J. KLEMM C/O GOLDMAN&WARSHAW 34 MAPLE AVE#101 Pine Brook, NJ 07058		-			D		2,400.63
Account No. 0022 022 5F09			BSUSINES DEBT				
Creditor #: 101 PAY CHEX 1551 S. WASHINGTON AVE SUITE 200 Piscataway, NJ 08854		-					Unknown
Account No. 2200225F09	┢		BUSINESS DEBT	+	\dagger	\dagger	
Creditor #: 102 PAYCHEX INC C/O BRENNAN & CLARK LTD 721 E. MADISON SUITE 200 Villa Park, IL 60181		-					255.91
Account No. 0014137684 Creditor #: 103 PAYMENT TOUCH PO BOX 2350 New York, NY 10163		-	BUSINESS DEBT				3.59
Account No.			DISCINICA DEDT	+	+	-	0.00
Creditor #: 104 PAYMENTOUCH PO BOX 2350 New York, NY 10163		-	BUSINESS DEBT				35.95
Sheet no. _20 _ of _26 _ sheets attached to Schedule of	<u> </u>	<u></u>		Sul	ntot.	 a1	
Creditors Holding Unsecured Nonpriority Claims			(Total o				2,696.08

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No	
-		Debtor	

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE,	CODEBTOR	H W	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM	C O N T I	DZLLQDL	DISPUTE	
AND ACCOUNT NUMBER (See instructions above.)	T O R	C 1	IS SUBJECT TO SETOFF, SO STATE.	N G E N T	ח		AMOUNT OF CLAIM
Account No. CPP 31 S572 01/CEL31-S572 02			BUSINESS DEBT	Т	A T E D		
Creditor #: 105 PENNSYLVANNIA LUMBERMENS ONE COMMERCE SQUARE 2005 MARKET ST #1200 Philadelphia, PA 19103		-			D		Unknown
Account No. 31S57202			BUSINESS DEBT				
Creditor #: 106 PENNSYLVANNIA LUMBERMENS ONE COMMERCE SQUARE 2005 MARKET ST #1200 Philadelphia, PA 19103		-					0.00
	L	_		<u> </u>			0.00
Account No.							
Creditor #: 107 POLAND SPRING DIRECT 6661 DIXIE HWY SUITE 4 Louisville, KY 40258		-					
							0.00
Account No. 6897481408			BUSINESS DEBT				
Creditor #: 108 PSEG							
PO BOX 14444		-					
New Brunswick, NJ 08906							
							Unknown
Account No. 6571591618			BUSINESS DEBT				
Creditor #: 109 PSEG							
PO BOX 14444		-					
New Brunswick, NJ 08906							
							Unknown
Sheet no. 21 of 26 sheets attached to Schedule of				Subt	ota	1	2.00
Creditors Holding Unsecured Nonpriority Claims			(Total of t	his	pag	e)	0.00

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No	
-		Debtor	

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CREDITOR'S NAME,	0 0	Hu	sband, Wife, Joint, or Community	6	N	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	A A A H	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	NT NG E NT	UNLIQUIDAT	DISPUTED	AMOUNT OF CLAIM
Account No.				Т	Ė		
Creditor #: 110 RAYMOND S. KRIETCHMAN		_			D		0.00
Account No. 435024			BUSINESS DEBT	+	\vdash		0.00
Creditor #: 111 REACH LOCAL 21700 OXNARD ST #1600 Woodland Hills, CA 91367		_					0.00
Account No. 450510			BUSINESS DEBT	+	H		
Creditor #: 112 REACH LOCAL 21700 OXNARD ST SUITE 1600 Woodland Hills, CA 91367		-					Unknown
Account No.			BUSINESS DEBT	+			
Creditor #: 113 ROBOTECH CAD SOLUTIONS TWO MARINEVIEW PLAZA Hoboken, NJ 07030		-					Unknown
Account No. 10028495				+	\vdash	\vdash	
Creditor #: 114 SHERIFF NYC 350 ST. MARKS PLACE STE 409 Staten Island, NY 10301		-					Unknown
Shart as 20 of 20 shart straight S. I. I. S.		_			1-4		O I I I I I I I I I I I I I I I I I I I
Sheet no. _22 _ of _26 _ sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of	Sub this			0.00

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich		Case No.	
		Debtor	•,	

	_	1		٠.		. 1	_	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	L H H	CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	1 1 1 1 1 1			DISPUTED	AMOUNT OF CLAIM
Account No. 07678766			FOR NOTIFICATION PURPOSES ONLY	1	l E	≣		
Creditor #: 115 SKO BRENNER AMERICAN PO BOX 9320 Baldwin, NY 11510		-				0		0.00
Account No.	Г		BUSINESS DEBT		Ť	\top		
Creditor #: 116 STAIR CRAFTER'S SUPPLY LL 149 A REGINA AVE Rahway, NJ 07065		-						0.00
Account No. 7380011112638	Н	t	9/1/2005	+	$^{+}$	\dagger	\dashv	
Creditor #: 117 T BANK 1 FOUNTAIN PLZ BUFFALO, NY 14203		-	for notification purposes only					0.00
Account No. 7927078951	H	\vdash	BUSINESS DEBT	-	$^{+}$	+	7	
Creditor #: 118 TD BANK PO BOX 1190 Lewiston, ME 04243		_						0.00
Account No. 7927209507	H	t	BUSINESS DEBT	\neg	+	\dagger		
Creditor #: 119 TD BANK PO BOX 1190 Lewiston, ME 04243		_						Unknown
Sheet no. 23 of 26 sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total o	Sul of this			;)	0.00

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich	Case No.	
		Debtor	

	Ιc	ш	sband, Wife, Joint, or Community	16	l ii	Ь	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	Hu H W J C	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATE	DISPUTED	AMOUNT OF CLAIM
Account No. 79270789510D			BUSINESS DEBT	T	T E		
Creditor #: 120 TD BANK 1701 ROUTE 70 EAST CHERRY HILL, NJ		_			D		0.00
Account No. 6035320502738634	t		4/1/2005	+			
Creditor #: 121 THD/CBSD PO BOX 6497 SIOUX FALLS, SD 57117	-	_	Goods + Services, (97)Unpaid balance reported as a loss by credit grantor.				
							4,886.00
Account No.			BUSINESS DEBT				
Creditor #: 122 THE CHECK CASHING PLACE 560 SYLVAN AVE 1ST FL Englewood Cliffs, NJ 07632		_					Unknown
Account No.	╁						
Creditor #: 123 TOMMASINA MASSIMO 17 BOLAND STREET Jersey City, NJ 07307		_					0.00
Account No. BAP2850474			SERVICES				0.00
Creditor #: 124 TOWER INS PO BOX 29919 New York, NY 10087	_	_	CERTICES				0.00
Sheet no. 24 of 26 sheets attached to Schedule of		_	<u> </u>	Subt	tota	 l	
Creditors Holding Unsecured Nonpriority Claims			(Total of				4,886.00

 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich		Case No.	
		Debtor	•,	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME,	Ιç	Hu	sband, Wife, Joint, or Community	18.	Ų	P	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	C A M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	00ZH_ZGWZ	U D	PUTE	AMOUNT OF CLAIM
Account No. 936 00042 A			WATER BILL FOR 273 LIBERTY AVE, JERSEY	N T	A T E		
Creditor #: 125 UNITED WATER JERSEY CITY 69 DEVOE PLACE Hackensack, NJ 07601		-	CITY NJ		D		
					L		3,217.87
Account No. Z29427 305			BUSINESS				
Creditor #: 126 UTICA FIRST INS. CO 1138 ELM ST PO BOX 179 Manchester, NH 03101		-					339.31
Account No. 010662753 01 5000	╁	\vdash	FOR NOTIFICATION PURPOSES ONLY	\vdash	┢		
Creditor #: 127 VALENTINE & KEBARTAS PO BOX 325 Lawrence, MA 01842	-	-					0.00
Account No. 7184423902090221	╀	-	BUSINESS DEBT	H	H		0.00
Creditor #: 128 VERIZONC/O SOLOMON & SOLO COLUMBIA CIRCLE PO BOX 15019 Albany, NY 12212		-	BUSINESS DEBT				459.52
Account No. 4308517232203848	t	\vdash	7/1/2003	Н	\vdash		
Creditor #: 129 VISDSNB 9111 DUKE BLVD MASON, OH 45040		_	for notification purposes only				0.00
Sheet no. 25 of 26 sheets attached to Schedule of			S	Subt	tota	1	
Creditors Holding Unsecured Nonpriority Claims			(Total of t	nis j	pag	e)	4,016.70

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 $B6F\ (Official\ Form\ 6F)\ (12/07)$ - Cont.

In re	Anthony M. Malewich		Case No.	
		Debtor	•,	

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

(-----

CREDITOR'S NAME,	Ç	Hu	sband, Wife, Joint, or Community	CO	U	D	
MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	ODEBTOR	C J M	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	NTINGE	טו	U T E	AMOUNT OF CLAIM
Account No. 1560641073473			4/1/2005	N T	A T F		
Creditor #: 130 WASHINGTON MUTUAL FA PO BOX 1093 NORTHRIDGE, CA 91328		-	for notification purposes only		E D		
							0.00
Account No.			FOR NOTIFICATION PURPOSES ONLY				
Creditor #: 131 WIENER CROWLEY&ST. JOHN WHOLESALE LUMBER PRODUCTS 135 FORT LEE RD Leonia, NJ 07605		-					
							0.00
Account No. AOL9E4 3761641 MABD	t	T	BUSINESS DEBT	T		t	
Creditor #: 132 YELLOW BOOK 2201 RENAISSANCE BLVD King of Prussia, PA 19406		-					
							Unknown
Account No. A0L9E4			BUSINESS DEBT				
Creditor #: 133 YELLOW BOOK MID-ATLANTIC PO BOX 11815 Newark, NJ 07101		-					
							2,207.57
Account No.							
	_			L			
Sheet no. <u>26</u> of <u>26</u> sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			(Total of t	Subt his			2,207.57
			,		ota		
			(Report on Summary of So				228,713.34

B6G (Offic	ial Form 6G) (12/07)			
•				
In re	Anthony M. Malewich		Case No.	
_		Debtor		

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

36H (Offic	ial Form 6H) (12/07)	
In re	Anthony M. Malewich	Case No
•	De	ebtor ,
	SCHEDULE H -	CODEBTORS
by de comm Wisc any for by the state disclo	onsin) within the eight year period immediately preceding the comme ormer spouse who resides or resided with the debtor in the community e nondebtor spouse during the eight years immediately preceding the	ers. If the debtor resides or resided in a community property state, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or neement of the case, identify the name of the debtor's spouse and of y property state, commonwealth, or territory. Include all names used commencement of this case. If a minor child is a codebtor or a creditor, nardian, such as "A.B., a minor child, by John Doe, guardian." Do not

FRNK J. PINTO

NAME AND ADDRESS OF CODEBTOR

FERRARO FOODS INC C/O WILHELM LAW FIRM PO BOX 869 Clifton Park, NY 12065

NAME AND ADDRESS OF CREDITOR

0

B6I (Official Form 6I) (12/07)

In re	Anthony M. Malewich		Case No.	
		Debtor(s)		

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status:	DEPENDENT	S OF DEBTOR AND SP	OUSE		
Married	RELATIONSHIP(S): Daughter Son		rs old rs old		
Employment:	DEBTOR		SPOUSE		
Occupation	Sanitation Worker	Unemployed			
Name of Employer	NYC Dept of Sanitation				
How long employed	Since December 13, 2010				
Address of Employer					
INCOME: (Estimate of average	ge or projected monthly income at time case filed)		DEBTOR		SPOUSE
	y, and commissions (Prorate if not paid monthly)	\$	3,067.57	\$	0.00
2. Estimate monthly overtime		\$	0.00	\$	0.00
3. SUBTOTAL		\$	3,067.57	\$	0.00
4. LESS PAYROLL DEDUCT					
a. Payroll taxes and socia	al security	\$ <u> </u>	384.89	\$	0.00
b. Insurance		\$	16.86	\$	0.00
c. Union dues	0.00	\$	67.17	\$	0.00
d. Other (Specify)	See Detailed Income Attachment		537.29	\$	0.00
5. SUBTOTAL OF PAYROLI	L DEDUCTIONS	\$	1,006.21	\$	0.00
6. TOTAL NET MONTHLY	ГАКЕ НОМЕ РАУ	\$	2,061.36	\$	0.00
7. Regular income from operat	tion of business or profession or farm (Attach detailed st	atement) \$	0.00	\$	0.00
8. Income from real property		\$	0.00	\$	2,000.00
9. Interest and dividends		\$	0.00	\$	0.00
dependents listed above	support payments payable to the debtor for the debtor's u	se or that of \$	0.00	\$	0.00
11. Social security or governm (Specify):	ient assistance	\$	0.00	\$	0.00
			0.00	\$	0.00
12. Pension or retirement inco	me	<u> </u>	0.00	\$	0.00
13. Other monthly income		· 			
(Specify):		\$	0.00	\$	0.00
		\$	0.00	\$	0.00
14. SUBTOTAL OF LINES 7	THROUGH 13	\$	0.00	\$	2,000.00
15. AVERAGE MONTHLY I	NCOME (Add amounts shown on lines 6 and 14)	\$	2,061.36	\$	2,000.00
16. COMBINED AVERAGE	MONTHLY INCOME: (Combine column totals from li	ne 15)	\$	4,061.	.36

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

B6I (Official Form 6I) (12/07)

In re	Anthony M. Malewich		Case No.	
		Debtor(s)	_	

$\underline{\textbf{SCHEDULE I-CURRENT INCOME OF INDIVIDUAL DEBTOR(S)}}$

Detailed Income Attachment

Other Payroll Deductions:

NYC 414 H STD	\$ 92.	04 \$	0.00
457 TDSP	\$ 281.	15 \$	0.00
SAN 20 414 HS	\$ 164.	10 \$	0.00
Total Other Payroll Deductions	\$ 537.	29 \$	0.00

B6J (Official Form 6J) (12/07)

_				
In re	Anthony M. Malewich		Case No.	
		Debtor(s)		

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

expenses calculated on this form may differ from the deductions from income allowed on Form 22A or		2 monuny
☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Compexpenditures labeled "Spouse."	plete a separate	e schedule of
1. Rent or home mortgage payment (include lot rented for mobile home)	\$	1,200.00
a. Are real estate taxes included? Yes No _X		
b. Is property insurance included? Yes No _X_		
2. Utilities: a. Electricity and heating fuel	\$	220.00
b. Water and sewer	\$	0.00
c. Telephone d. Other PHONE, INTERNET AND CABLE	\$	0.00 200.00
3. Home maintenance (repairs and upkeep)	Ф Ф	50.00
4. Food	\$ 	850.00
5. Clothing	\$	200.00
6. Laundry and dry cleaning	\$	150.00
7. Medical and dental expenses	\$	240.00
8. Transportation (not including car payments)	\$	300.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	50.00
10. Charitable contributions	\$	50.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	\$	0.00
c. Health d. Auto	\$	0.00
	\$	0.00
e. Other 12. Taxes (not deducted from wages or included in home mortgage payments)	Ψ	0.00
(Smarify)	\$	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the	Ψ	
plan)		
a. Auto	\$	0.00
b. Other	\$	0.00
c. Other	\$	0.00
14. Alimony, maintenance, and support paid to others	\$	0.00
15. Payments for support of additional dependents not living at your home	\$	0.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	0.00
17. Other ELECTRIC AND GAS FOR THE NJ PROPERTY	\$	400.00
Other HEATING OIL FOR THE NJ PROPERTY	\$	250.00
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	l, [\$	4,160.00
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
20. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	\$	4,061.36
b. Average monthly expenses from Line 18 above	\$	4,160.00
c. Monthly net income (a. minus b.)	\$	-98.64

B6 Declaration (Official Form 6 - Declaration). (12/07)

United States Bankruptcy Court Eastern District of New York

In re	Anthony M. Malewich			Case No.		
			Debtor(s)	Chapter	7	
	DECLARATION CO	ONCERN	ING DEBTOR'S SO	CHEDULI	ES	
	DECLARATION UNDER P	ENALTY (F PERJURY BY INDIVI	DUAL DEE	TOR	
	I do along under monalty of monitory th	at I have see	d the female in a summer.	and aabadul	as consisting of 42	
	I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of sheets, and that they are true and correct to the best of my knowledge, information, and belief.					
_						
Date	May 25, 2011	Signature	/s/ Anthony M. Malewic	h		
			Anthony M. Malewich Debtor			
			Debtoi			

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

B7 (Official Form 7) (04/10)

United States Bankruptcy Court Eastern District of New York

		Eastern	District of New Yor	rk	
In re	Anthony M. Malewich			Case No.	
			Debtor(s)	Chapter	7
	;	STATEMENT (OF FINANCIAL A	AFFAIRS	
not a joi propriete activities name an	This statement is to be completed to buses is combined. If the case is filed nt petition is filed, unless the spouse or, partner, family farmer, or self-ems as well as the individual's personal d address of the child's parent or guar 112; Fed. R. Bankr. P. 1007(m).	under chapter 12 or chapter sare separated and a journal ployed professional, shaffairs. To indicate pa	napter 13, a married debto point petition is not filed. A nould provide the informa syments, transfers and the	or must furnish information or must furnish information individual debtor ention requested on this belike to minor children	ation for both spouses whether or ngaged in business as a sole statement concerning all such state the child's initials and the
	Questions 1 - 18 are to be completed as 19 - 25. If the answer to an appli uestion, use and attach a separate she	icable question is "No	ne," mark the box label	led "None." If addition	nal space is needed for the answer
			DEFINITIONS		
he follo other tha or the p	"In business." A debtor is "in busing for the purpose of this form if the dwing: an officer, director, managing an a limited partner, of a partnership; purpose of this form if the debtor eng primary employment.	debtor is or has been, we executive, or owner of a sole proprietor or se	within six years immediate 5 percent or more of the defended full-time or	ely preceding the filing voting or equity secur part-time. An individu	g of this bankruptcy case, any of ities of a corporation; a partner, al debtor also may be "in business"
	"Insider." The term "insider" incluions of which the debtor is an office ecurities of a corporate debtor and the 101.	r, director, or person in	control; officers, director	ors, and any owner of 5	percent or more of the voting or
	1. Income from employment or	operation of business	3		
None		ivities either as an emp mmenced. State also the intains, or has maintain by the beginning and en debtors filing under cl	ployee or in independent e gross amounts received aed, financial records on ading dates of the debtor's hapter 12 or chapter 13 n	trade or business, from during the two years the basis of a fiscal rath s fiscal year.) If a joint must state income of bo	the beginning of this calendar immediately preceding this
	AMOUNT \$20,265.56	SOURCE	YMENT INCOME		
	\$3,789.00	2010 BUSINE			
	2. Income other than from emp	loyment or operation	of business		
None	during the two years immediatel	ly preceding the comme debtors filing under cl	encement of this case. Gi hapter 12 or chapter 13 n	ve particulars. If a join nust state income for earth	operation of the debtor's business at petition is filed, state income for ach spouse whether or not a joint
	AMOUNT	SOURCE			

2010 RENTAL INCOME

\$27,000.00

AMOUNT

SOURCE

\$10,000.00 2011 RENTAL INCOME

3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. *Individual or joint debtor(s) with primarily consumer debts.* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS DATES OF AMOUNT STILL PAYMENTS AMOUNT PAID OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,850*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DATES OF PAID OR
PAYMENTS/ VALUE OF AMOUNT STILL
NAME AND ADDRESS OF CREDITOR TRANSFERS TRANSFERS OWING

None c.

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND

RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL OWING

4. Suits and administrative proceedings, executions, garnishments and attachments

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER FERRARO FOODS INC VS. SECOND GENERTION GORUMET KITCHE, LLC, FRANK J. PINTO, ANTHONY M. MALEWICH INDEX#20104352	NATURE OF PROCEEDING SUMMONS AND COMPLAINT	COURT OR AGENCY AND LOCATION STATE OF NY SUPREME COURT COUNTY OF SARATOGA	STATUS OR DISPOSITION PENDING
FORD MOTOR CREDIT COMPANY VS. DEBTOR	SUMMONS AND COMPLAINT	CIVIL COURT RICHMOND COUNTY	PENDING
EQUITABLE ASCENT FINANCIAL LLC VS. DEBTOR	SUMMONS AND COMPLAINT	CIVIL COURT RICHMOND COUNTY	PENDING
DEUTSCHE BANK NATIONAL TRUST COMPANY, AS TRSUTEE OF THE INDYMAC INDX MORTGAGE PASS-THROUGH CERTIFICATES, SERIES 2007-AR 17 UNDER THE POOLING AND SERVICNG AGREEMENT DATED JUNE 1, 2007 VS. ANTHONY MALEWICH, DOCKET#F-29184-09	FORECLOSURE PROCEEDINGS	SUPERIOR COURT OF NJ CHANCERY DIVISION HUDSON COUNTY	ORDER GRANTING SUMMARY JUDGMENT

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

3

CAPTION OF SUIT
AND CASE NUMBER
MOHAMMAD ISHMAEL VS. SECOND
GENERATION KITCHEN, LLC D/B/A GOURMET
KITCH, MICHAEL CANGELOSI & ANTHONY
MALEWICH
L&T INDEX NO. 52447

NATURE OF PROCEEDING LANDLORD TENANT COURT OR AGENCY
AND LOCATION
CIVIL COURT OF THE CITY OF NY
COUNTY OR RICHMOND

STATUS OR DISPOSITION **PENDING**

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF PROPERTY

5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER

DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF PROPERTY

7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR, IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

4

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

DOYAGA & SCHAEFER ATTORNEYS AT LAW 26 COURT STREET SUITE 1002 Brooklyn, NY 11242 DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR 11/5/10 AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY
Debtor paid 2,301 for
pre-petition services. Debtor
owes \$1,150 for post petition
services.

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY

TD BANK

NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY DEBTOR AND HIS PARTNER, MICHAEL CANGELOSI

DESCRIPTION OF CONTENTS **EMPTY**

DATE OF TRANSFER OR SURRENDER, IF ANY

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

6

ENVIRONMENTAL NAME AND ADDRESS OF DATE OF SITE NAME AND ADDRESS

GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous

Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

NAME AND ADDRESS OF **ENVIRONMENTAL** DATE OF SITE NAME AND ADDRESS

GOVERNMENTAL UNIT NOTICE LAW

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which

the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number

NAME AND ADDRESS OF

DOCKET NUMBER STATUS OR DISPOSITION GOVERNMENTAL UNIT

18. Nature, location and name of business

None П

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six **years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO.

BEGINNING AND NAME **ADDRESS** NATURE OF BUSINESS **ENDING DATES** (ITIN)/ COMPLETE EIN SECOND 26-2248682 2581 RICHMOND TERRACE BUILDING STAIRCASES **MARCH 2008 TO**

GENERATION Staten Island, NY 10308 STAIRS LLC

DEBTOR IS 25 DATE PERCENT OWNER.

CARLINE MALEWICH IS 25 PERCENT OWNER, **MICHAEL CANGELOSI**

IS 50 PERCENT

SECOND 27-0386483 **KITCHEN LLC DELI BUSINESS STARTED GENERATION** 140 MORNINGSTAR RD **DEBTOR IS ONLY 50% FEBRUARY** GOURMET Staten Island, NY 10303 **OWNER AND** 2010-JULY, 2010

MICHAEL CANGELOSI

IS 50% OWNER

None b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME **ADDRESS**

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement only if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

a. List all bookkeepers and accountants who within two years immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS

DATES SERVICES RENDERED

7

None b. List all firms or individuals who within the two years immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME **ADDRESS** DATES SERVICES RENDERED

None c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

ADDRESS NAME

None d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within two years immediately preceding the commencement of this case.

DATE ISSUED NAME AND ADDRESS

20. Inventories

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT OF INVENTORY (Specify cost, market or other basis)

None b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES OF CUSTODIAN OF INVENTORY RECORDS

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE OF STOCK OWNERSHIP

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME ADDRESS

DATE OF WITHDRAWAL

None

b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITI E

DATE OF TERMINATION

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR

DATE AND PURPOSE OF WITHDRAWAL

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

24. Tax Consolidation Group.

None

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

25. Pension Funds.

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date May 25, 2011

Signature

/s/ Anthony M. Malewich
Anthony M. Malewich

Debtor

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

B8 (Form 8) (12/08)

Property is (check one):

☐ Claimed as Exempt

United States Bankruptcy Court Eastern District of New York

In re	Anthony M. Malewich Debtor(s)	Case No. Chapter	7
	CHAPTER 7 INDIVIDUAL DEBTOR'S STATE	MENT OF INTEN	TION
PART	A - Debts secured by property of the estate. (Part A must be fully of	completed for EACH	I debt which is secured by

property of the estate. Attach additional pages if necessary.) Property No. 1 Creditor's Name: **Describe Property Securing Debt:** CITIMORTGAGE INC 4 Family House located at 273 Liberty Avenue, Jersey City NJ Joint owner with his wife. Debtor is surrendering this house which is in foreclosure As per Zillow the market value is \$401,760 Property will be (check one): ■ Surrendered ☐ Retained If retaining the property, I intend to (check at least one): ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain (for example, avoid lien using 11 U.S.C. § 522(f)).

■ Not claimed as exempt

			Page 2		
Property No. 2					
Creditor's Name: ONEWEST BANK		Describe Property Securing Debt: 4 Family House located at 273 Liberty Avenue, Jersey City NJ Joint owner with his wife. Debtor is surrendering this house which is in foreclosure As per Zillow the market value is \$401,760			
Property will be (check one):		.			
■ Surrendered	☐ Retained				
If retaining the property, I intend to ☐ Redeem the property ☐ Reaffirm the debt ☐ Other. Explain Property is (check one):		void lien using 11 U.S.C	C. § 522(f)).		
☐ Claimed as Exempt					
PART B - Personal property subject Attach additional pages if necessary. Property No. 1		ee columns of Part B mu	ust be completed for each unexpired lease.		
Lessor's Name: -NONE-	Describe Leased Pr	roperty:	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): ☐ YES ☐ NO		
	<u> </u>				

United States Bankruptcy Court Eastern District of New York

In re	Anthony M. Malewich		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPENSA	TION OF ATTO	RNEY FOR DI	EBTOR(S)	
c	ursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 20 ompensation paid to me within one year before the filing of e rendered on behalf of the debtor(s) in contemplation of or i	the petition in bankrupto	cy, or agreed to be pa	id to me, for services rendered or to	
	For legal services, I have agreed to accept		\$	3,451.00	
	Prior to the filing of this statement I have received		\$	2,301.00	
	Balance Due		\$	1,150.00	
2. \$	299.00 of the filing fee has been paid.				
3. T	he source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4. T	he source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5. I	I have not agreed to share the above-disclosed compensati	on with any other person	n unless they are mem	bers and associates of my law firm.	
[I have agreed to share the above-disclosed compensation vecopy of the agreement, together with a list of the names of				
6. I	n return for the above-disclosed fee, I have agreed to render l	legal service for all aspec	ets of the bankruptcy	case, including:	
a	[Other provisions as needed] Representation of the Debtor at the initial me usual document requests of the Trustee.	eeting of creditors an	d in assisting the	Debtor in complying with the	
7. B	y agreement with the debtor(s), the above-disclosed fee does Representation of the debtors in any dischar any other adversary proceeding.	not include the followingeability actions, jud	ig service: licial lien avoidanc	es, relief from stay actions or	
	CE	RTIFICATION			
	certify that the foregoing is a complete statement of any agreenkruptcy proceeding.	ement or arrangement fo	r payment to me for re	epresentation of the debtor(s) in	
Dated	May 25, 2011	/s/ Patrick K. Sc	haefer		
		Patrick K. Schaefer ps7113			
		Doyaga & Schae 26 Court Street,			
		Brooklyn, NY 11	242		
		718 488 7500 Factorial 718 488 7500 Factorial 718 488 7500 Factorial 718 718 718 718 718 718 718 718 718 718	ax: 718 488 7505 verizon.net		
		aar.a.a.j.aga 😊	· · · · · · · · · · · · · · · · · · ·		

United States Bankruptcy Court Eastern District of New York

In re	Anthony M. Malewich	ny M. Malewich		
		Debtor(s)	Chapter	7

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: May 25, 2011

/s/ Anthony M. Malewich
Signature of Debtor

Date: May 25, 2011

/s/ Patrick K. Schaefer
Signature of Attorney

Signature of Attorney
Patrick K. Schaefer ps7113
Doyaga & Schaefer
26 Court Street, Suite 1002
Brooklyn, NY 11242
718 488 7500 Fax: 718 488 7505

USBC-44 Rev. 9/17/98

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Wolpoff & Abramson 300 Canal View Blvd Rochester, NY 14623

ELTMAN, ELTMAN & COOPER 845 N. BROADWAY White Plains, NY 10603

FORSTER & GARBUS PO BOX 9030 Farmingdale, NY 11735

RUBIN & ROTHMAN PO BOX9003 Islandia, NY 11749

ABRAHAM HOSCHANDER 777 KENT AVE #202 Brooklyn, NY 11205

ACB RECEIVABLES MGT 19 MAIN ST PO BOXO 350 Asbury Park, NJ 07712

ADT SECURITY SERVICES 14200 E. EXPOSITION AVE Aurora, CO 80012

ALLIANCE ONE 4850 STREET RD LEVEL C Feasterville Tre, PA 19053

ALLIED INTERSTATE PO BOX 6124 Carol Stream, IL 60197 AMERICAN EXPRESS PO BOX 6618 Omaha, NE 68105

APEX FINANCIAL MANAGEMENT 1120 W LAKE COOK RD STE A Buffalo Grove, IL 60089

ARM INC PO BOX 129 Thorofare, NJ 08086

ASSET ACCEPTANCE PO BOX 2036 Warren, MI 48090

ASSOCIATED CREDIT SERVICE 105B SOUTH ST PO BOX 9100 Hopkinton, MA 01748

BANK OF AMERICA PO BOX 1598 NORFOLK, VA 23501

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BANK OF AMERICA PO BOX 1598 NORFOLK, VA 23501

BANK OF AMERICA PO BOX 1598 NORFOLK, VA 23501

BANK OF AMERICA PO BOX 17054 WILMINGTON, DE 19850

BANK OF AMERICA 4161 PIEDMONT PKWY GREENSBORO, NC 27410 BANK OF AMERICA 4161 PIEDMONT PKWY GREENSBORO, NC 27410

BANK OF AMERICA PO BOX 25118 Tampa, FL 33622

BANKFIRST 1509 W 41ST ST SIOUX FALLS, SD 57105

BANKFIRST 1509 W 41ST ST SIOUX FALLS, SD 57105

BEVERLY GARNER 363 HILL AVENUE Elmont, NY 11003

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CAP ONE PO BOX 85520 RICHMOND, VA 23285 CAP ONE PO BOX 85520 RICHMOND, VA 23285

CAP ONE PO BOX 85520 RICHMOND, VA 23285

CAP ONE PO BOX 85520 RICHMOND, VA 23285

CEE JAY REAL ESTATE DEVEL 11 ARBUTUS AVENUE Staten Island, NY 10314

CHARLES KIRSCHNER 2 RECTOR STREET 20TH FL New York, NY 10006

CHASE PO BOX 15298 WILMINGTON, DE 19850

CHASE - TOYS R US PO BOX 15298 WILMINGTON, DE 19850

CHASE BANK USA PO BOX 15298 Wilmington, DE 19850 CHASE BANK USA, NA PO BOX 15298 WILMINGTON, DE 19850

CHASE MANHATTAN MTGE 3415 VISION DR COLUMBUS, OH 43219

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CINTAS PO BOX 630803 LOC#62 Cincinnati, OH 45263

CIT BANK/DFS 12234 N IH 35 SB BLDG B AUSTIN, TX 78753

CITGO CERTIFIED GASOLINES 93 WRIGHT AVE Staten Island, NY 10303

CITI PO BOX 6241 SIOUX FALLS, SD 57117

CITI BUSINESS PROF C/O UNITED RECOVERY 5800 NORTH COURSE DRIVE Houston, TX 77072

CITICARDS PO BOX 6241 SIOUX FALLS, SD 57117

CITICORP CREDIT SERVICES PO BOX 6241 SIOUX FALLS, SD 57117

CITIMORTGAGE INC PO BOX 9438 GAITHERSBURG, MD 20898

CLIPPER MAGAZINE 3708 HEMPLAND RD MOUNTVILLE, PA 17544

COLLECT CORP 455 NORTH 3RD ST SUITE 260 Phoenix, AZ 85004

COMMISSIONER OF LABOR STATE OFFICE CAMPUS B-12 RM 256 Albany, NY 12240

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CREDISOLVE PO BOX 49439 Minneapolis, MN 55448

CREDISOLVE PO BOX 49439 Minneapolis, MN 55448

CREDITORS FINANCIAL GROUP 3131 SOUTH VAUGHN WAY SUITE 110 Aurora, CO 80044

CUSTOM PLASTICS INC 910 BEDFORD AVE Brooklyn, NY 11205

DANIEL TURNER 174 WINDSOR RD Staten Island, NY 10314 DAVID MARKOWITZ 66 HEWARD STREET Brooklyn, NY 11206

DEUTSCHE BANK NAT TRUST FEIN SUCH KAHN 7 CENTRY DRIVE #201 Parsippany, NJ 07054

DISCOVER FIN SVCS LLC PO BOX 15316 WILMINGTON, DE 19850

DISCOVER FIN SVCS LLC PO BOX 15316 WILMINGTON, DE 19850

DOWNES & READER HARDWOOD PO BOX 456 Stoughton, MA 02072

DUSKIN & CROWE 1688 VICTORY BLVD Staten Island, NY 10314

EASTERN HARDWOOD PRODUCTS 301 BADGER AVENUE Newark, NJ 07108

ED DRURY 2581 RICHMOND TERRACE Staten Island, NY 10303

EQUABLE ASCENT FINANCIAL 1120 W. LAKE COOK RD STEB Buffalo Grove, IL 60089

EQUABLE ASCENT FINANCIAL 1120 W LAKE COOK RD STE 4 Buffalo Grove, IL 60089

FEIN SUCH KAHN & SHEPARD 7 CENTURY DRIVE STE 201 Parsippany, NJ 07054

FELDMAN KRAMER VANDERBILT MOTOR PKWY Hauppauge, NY 11788

FERRARO FOODS INC C/O WILHELM LAW FIRM PO BOX 869 Clifton Park, NY 12065

FIA CARD PO BOX 15726 Wilmington, DE 19886

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FIA CARD PO BOX 15726 Wilmington, DE 19886

FIRST SOURCE ADVANTAGE 205 BRYANT WOODS SOUTH Buffalo, NY 14228

FJ NEWMEYER
PO BOX 36
713 NEW BRUNSWICK AVE
Rahway, NJ 07065

FJ NEWMEYER LUMBER CO C/O BURT & ASSOCIATES 6700 PINCREST DRIVE #150 Plano, TX 75024

FLAG CONTAINER SERVICES 11 FERRY STREET Staten Island, NY 10302

FLEETCOR TECHNOLOGIES C/O CRESTWOOD MGMT LLC PO BOX 22630 Beachwood, OH 44122 FORD CRED PO BOX BOX 542000 OMAHA, NE 68154

FORD MOTOR CREDIT PO BOX 542000 Omaha, NE 68154

FORD MOTOR CREDIT CO PO BOX 6508 Mesa, AZ 85216

FRNK J. PINTO

G M A C PO BOX 12699 GLENDALE, AZ 85318

GB COLLECTS LLC 145 BRADFORD DRIVE West Berlin, NJ 08091

GEMB/GAP PO BOX 981400 EL PASO, TX 79998

GEMB/GAP PO BOX 981400 EL PASO, TX 79998

GEMB/GAP PO BOX 981400 EL PASO, TX 79998

GEMB/JCP PO BOX 984100 EL PASO, TX 79998

GEMB/JCP PO BOX 984100 EL PASO, TX 79998 GEMB/LOWES
PO BOX 103065
ROSWELL, GA 30076

GEMB/PC RICHARD PO BOX 981439 EL PASO, TX 79998

GEMB/SLEEPYS PO BOX 981439 EL PASO, TX 79998

GLORIA JEAN CLEMENTI 5 REDFERN RD Eatontown, NJ 07724

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HAMMOND SAFETY MANAGEMENT 6800 JERICHO TURNPIKE SUITE 105W Syosset, NY 11791

HAROLD LEVINSON ASSOC 21 BANFI PLAZA Farmingdale, NY 11735

HENRY DALEY 1 CROSS ISLAND PLAZA Rosedale, NY 11422

HENRY DALEY 1 CROSS ISLAND PLAZA Rosedale, NY 11422

HSBC BANK PO BOX 5253 CAROL STREAM, IL 60197

HSBC BANK PO BOX 5253 CAROL STREAM, IL 60197 HYLAN CHECK CASHING 1919 HYLAN BLVD Staten Island, NY 10305

IMPERIAL BAG & PAPER CO 59 HOOK ROAD Bayonne, NJ 07002

IMPERIAL BAG&PAPER
59 HOOK RD
Bayonne, NJ 07002

INNOVATIVE MERCHANT SOLUT 21215 BURBANK BLVD SUITE 100 Woodland Hills, CA 91367

J.R. PRODUCE 23 RUPERT AVENUE Staten Island, NY 10314

JC MUNICIPAL UTILITIES UNITED WATER JERSEY CITY 69 DEVOE PLACE Hackensack, NJ 07601

JEFF STILLMAN 195 BALDWIN AVE UNIT 5 Jersey City, NJ 07302

JONATHAN RICHARD IMMORDIN 9802 161 AVE Howard Beach, NY 11414

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MCYDSNB 9111 DUKE BLVD MASON, OH 45040

METRO ENERGY 1011 HUDSON AVE Ridgefield, NJ 07657

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NATIONAL GRID ONE METRO TECH Brooklyn, NY 11201

NEW YORK SPORTS CLUB TSI STATEN ISLAND INC 300 WEST SERVICE RD Staten Island, NY 10314

NEW YORK STATE INSURANCE PO BOX 5262 Binghamton, NY 13902

NONNA'S FRESH SAUSUAGE & 20 ENGERT STREET Staten Island, NY 10309

NY COMMUNITY FINANCIAL LL MICHAEL PEDERSON DIRECTOR 560 SYLVAN AVE Englewood Cliffs, NJ 07632

NYS DEPT OF LABOR UNEMPLOYMENT INS. DIVI STATE OFFICE CAMPUS B 12 Albany, NY 12240 NYS WORKANS COMP BD C/O RMS COLLECTION 1 EXCHANGE PLAZA New York, NY 10006

OM MEHTA 61 EARDLEY RD Edison, NJ 08817

ONEWEST BANK 6900 BEATRICE DR KALAMAZOO, MI 49009

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PAYMENT TOUCH PO BOX 2350 New York, NY 10163

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PENNSYLVANNIA LUMBERMENS ONE COMMERCE SQUARE 2005 MARKET ST #1200 Philadelphia, PA 19103

PENNSYLVANNIA LUMBERMENS ONE COMMERCE SQUARE 2005 MARKET ST #1200 Philadelphia, PA 19103 POLAND SPRING DIRECT 6661 DIXIE HWY SUITE 4 Louisville, KY 40258

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RMS
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ROBOTECH CAD SOLUTIONS TWO MARINEVIEW PLAZA Hoboken, NJ 07030

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T BANK 1 FOUNTAIN PLZ BUFFALO, NY 14203

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PO BOX 1190
Lewiston, ME 04243

TD BANK
PO BOX 1190
Lewiston, ME 04243

TD BANK 1701 ROUTE 70 EAST CHERRY HILL, NJ

THD/CBSD PO BOX 6497 SIOUX FALLS, SD 57117 THE CHECK CASHING PLACE 560 SYLVAN AVE 1ST FL Englewood Cliffs, NJ 07632

TOMMASINA MASSIMO 17 BOLAND STREET Jersey City, NJ 07307

TOWER INS PO BOX 29919 New York, NY 10087

UNITED RECOVERY SYSTEMS 5800 NORTH COURSE DR Houston, TX 77072

UNITED WATER JERSEY CITY 69 DEVOE PLACE Hackensack, NJ 07601

UTICA FIRST INS. CO 1138 ELM ST PO BOX 179 Manchester, NH 03101

VALENTINE & KEBARTAS PO BOX 325 Lawrence, MA 01842

VERIZONC/O SOLOMON & SOLO COLUMBIA CIRCLE PO BOX 15019 Albany, NY 12212

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Newark, NJ 07101

Case 1-11-44458-jf Doc 1 Filed 05/25/11 Entered 05/25/11 13:33:46

B22A (Official Form 22A) (Chapter 7) (12/10)

In re	Anthony M. Malewich	
m re	Debtor(s)	According to the information required to be entered on this statement
Case Number:		(check one box as directed in Part I, III, or VI of this statement):
	(If known)	☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by \$707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS				
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
171	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).				
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
	■ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.				
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period o at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.				
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard				
	a. ☐ I was called to active duty after September 11, 2001, for a period of at least 90 days and ☐ I remain on active duty /or/ ☐ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;				
	OR				
	 b. □ I am performing homeland defense activity for a period of at least 90 days /or/ □ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 				

		Part II. CALCULATION OF N	10l	NTHLY INC	CON	ME FOR § 707(b)((7) E	XCLUSION	I
	Marit	tal/filing status. Check the box that applies	and o	complete the ba	lance	e of this part of this stat	ement	as directed.	
	a. 🗆	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.							
		Married, not filing jointly, with declaration							
2		My spouse and I are legally separated under							
2		purpose of evading the requirements of § 70	7(b)(2)(A) of the Ba	nkru	ptcy Code." Complete	only c	olumn A (''De	btor's Income'')
		for Lines 3-11.		c		1 11		G 1.4 . 1	-41- C-1 A
		Married, not filing jointly, without the dec "Debtor's Income") and Column B ("Spo					.b abo	ve. Complete i	oth Column A
		Married, filing jointly. Complete both Co.					''Spou	se's Income'')	for Lines 3-11.
		gures must reflect average monthly income i						Column A	Column B
		dar months prior to filing the bankruptcy cas					'		
		ing. If the amount of monthly income varie			nths,	you must divide the		Debtor's	Spouse's
	six-m	onth total by six, and enter the result on the	appr	opriate line.				Income	Income
3	Gross	s wages, salary, tips, bonuses, overtime, co	mmi	ssions.			\$		\$
		ne from the operation of a business, profe							
		the difference in the appropriate column(s)							
		ess, profession or farm, enter aggregate num nter a number less than zero. Do not includ							
4		b as a deduction in Part V.	any	part of the bu	ISIIIC	ss expenses entered on			
•	,			Debtor		Spouse	1		
	a.	Gross receipts	\$			\$	1		
	b.	Ordinary and necessary business expenses	\$			\$]		
	c.	Business income	Su	btract Line b fr	om I	Line a	\$		\$
		and other real property income. Subtrac							
	the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any								
5	part of the operating expenses entered on Line b as a deduction in Part V.					٦			
3		Gross receipts	\$	Debtor		Spouse \$	1		
	a. b.	Ordinary and necessary operating expense	_			\$	1		
	c.	Rent and other real property income		btract Line b fr	om I	Ψ	\$		\$
6		est, dividends, and royalties.	-				\$		\$
7		on and retirement income.					\$		\$
						-		Ψ	
	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that								
8	purpose. Do not include alimony or separate maintenance payments or amounts paid by your								
	spouse if Column B is completed. Each regular payment should be reported in only one column;						Φ.		¢.
	if a payment is listed in Column A, do not report that payment in Column B.						\$		\$
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9.								
	However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A								
9	or B, but instead state the amount in the space below:								
	Unemployment compensation claimed to					1			
		benefit under the Social Security Act Debt	or\$		Spo	ouse \$	\$		\$
	Incon	ne from all other sources. Specify source a	nd an	nount. If neces	sary,	list additional sources			
		eparate page. Do not include alimony or se							
	spouse if Column B is completed, but include all other payments of alimony or separate								
		tenance. Do not include any benefits received as a victim of a war crime, crime against							
10	received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.								
		· · · · · · · · · · · · · · · · · · ·		Debtor		Spouse	1		
	a.		\$			\$]		
	b.		\$			\$]		
	Total and enter on Line 10						\$		\$
11		otal of Current Monthly Income for § 707	b)(7). Add Lines 3	thru	10 in Column A. and. i			
11	Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).			\$		\$			

3

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.				
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION				
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
	a. Enter debtor's state of residence: b. Enter debtor's household size:	\$			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.				
15	☐ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.				
☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

 $Complete\ Parts\ IV,\ V,\ VI,\ and\ VII\ of\ this\ statement\ only\ if\ required.\ (See\ Line\ 15.)$

		ts 1 v , v , v 1, and v 11 o		·		
	Part IV. CALCUL	ATION OF CURE	RENT	MONTHLY INCOM	IE FOR § 707(b) (2	2)
16	Enter the amount from Line 12.					\$
17	Marital adjustment. If you check Column B that was NOT paid on a dependents. Specify in the lines be spouse's tax liability or the spouse amount of income devoted to each not check box at Line 2.c, enter zeta. b. c. d.					
	Total and enter on Line 17			\$		\$
18	Current monthly income for § 7	07(b)(2). Subtract Line	17 froi	m Line 16 and enter the resu	ılt.	\$
				EDUCTIONS FROM		
				s of the Internal Revenu		
	<u>, </u>				. , ,	Γ
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					
19B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older					
	a1. Allowance per person		ı2.	Allowance per person		
	b1. Number of persons		2.	Number of persons		
	c1. Subtotal		2.	Subtotal		\$
20A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					
any additional dependents whom you support.				Ψ		

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your count available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy count the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the total debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. [a.] IRS Housing and Utilities Standards; mortgage/rental expense					
	b. Average Monthly Payment for any debts secured by your	\$				
	home, if any, as stated in Line 42	\$				
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$			
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	\$				
	Local Standards: transportation; vehicle operation/public transpor	tation expense.				
	You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expense	whether you pay the expenses of operating a				
22A	included as a contribution to your household expenses in Line 8.					
	\square 0 \square 1 \square 2 or more.					
	If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the "					
	Standards: Transportation for the applicable number of vehicles in the					
		Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
22B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that you public transportation expenses, enter on Line 22B the "Public Transportation. (This amount is available at www.usdoj.govcourt.)	\$				
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.)					
	\square 1 \square 2 or more.					
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy c Monthly Payments for any debts secured by Vehicle 1, as stated in Lin					
	the result in Line 23. Do not enter an amount less than zero.					
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$				
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$			
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy c Monthly Payments for any debts secured by Vehicle 2, as stated in Lin the result in Line 24. Do not enter an amount less than zero.	2. Complete this Line only if you checked IRS Local Standards: Transportation ourt); enter in Line b the total of the Average				
	a. IRS Transportation Standards, Ownership Costs	\$				
	Average Monthly Payment for any debts secured by Vehicle b. 2 as stated in Line 42	\$				
	2, as stated in Elife 12	Subtract Line b from Line a.	\$			
		Ψ				
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.					
			\$			

Other Necessary Expenses: involuntary deductions for employment. Finer the total average monthly payroll dedictions that are realized for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(8) contributions. Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. Other Necessary Expenses: curt-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: cuttor of employment or for a physically or mentally challenged child. Enter education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare: such as baby-sitting, day care, nursery and preschool, Do not include other educational payments. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a betth savings account, and that is in excess of the amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a betth savings account, and that is in excess of the amount entered in Line 1919, Do not include any expense or health savings account, and that is in excess of the amount entered in Line 1919, Do not include any expense or health savings account, and that is in extent necessary fo					
Iffe insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	26	deductions that are required for your employment, such	as retirement contributions, union dues, and uniform costs.	\$	
pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44. Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education. Solution of the Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts. Itself in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basis home telephone and cell phone service - such as pager, call waiting, eather id, special long distance, or interns service - to be extent necessary for your health and velfare or that of your dependents. Do not include any amount previously deducted. Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a -e below that are reasonably necessary for yourself, your spouse, or your dependents. Lipido not actually expend this total amount, state your actual total average monthly expenses that you will continue to pay fo	27	life insurance for yourself. Do not include premiums	\$		
the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. 30 Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare - such as buby-sitting, day care, nursery and preschool. Do not include other educational payments. \$ Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 198. Do not include payments for health insurance or health savings accounts listed in Line 34. 32 Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pages, call waining, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. 33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. \$ Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in dependents. 4	28	pay pursuant to the order of a court or administrative as	gency, such as spousal or child support payments. Do not	\$	
childcare - such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines are below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance b. Disability Insurance c. Health Savings Account Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space helow: S Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Viol	29	the total average monthly amount that you actually expeducation that is required for a physically or mentally c	end for education that is a condition of employment and for	\$	
health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by include payments for health insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34. Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you waited by a protection and service of the than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. Subpart B: Additional Living Expense Deductions	30			\$	
actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted. 33 Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32. Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance b. Disability Insurance c. Health Savings Account S Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: S Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. S Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for depe	31	health care that is required for the health and welfare of insurance or paid by a health savings account, and that	f yourself or your dependents, that is not reimbursed by is in excess of the amount entered in Line 19B. Do not	\$	
Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 19-32 Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. A	32	actually pay for telecommunication services other than pagers, call waiting, caller id, special long distance, or	\$		
Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. a. Health Insurance \$	33	Total Expenses Allowed under IRS Standards. Ente	er the total of Lines 19 through 32.	\$	
a. Health Insurance \$ b. Disability Insurance \$ c. Health Savings Account \$ Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: S		Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your			
Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: S	34	a. Health Insurance	\$		
Total and enter on Line 34. If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. \$ Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and		b. Disability Insurance	\$		
If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below: \$ Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and		c. Health Savings Account	\$	\$	
Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and		Total and enter on Line 34.			
expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and		below:	your actual total average monthly expenditures in the space		
actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	35	expenses that you will continue to pay for the reasonabill, or disabled member of your household or member of	\$		
Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. **Education expenses for dependent children less than 18.* Enter the total average monthly expenses that you actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	36	actually incurred to maintain the safety of your family u	\$		
actually incur, not to exceed \$147.92* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and	37	Standards for Housing and Utilities, that you actually e trustee with documentation of your actual expenses,	\$		
necessary and not already accounted for in the IRS Standards.	38	actually incur, not to exceed \$147.92* per child, for atte			

^{*} Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.						\$
40	Cont finan	inued charitable contribution cial instruments to a charitable	s. Enter the amount that you will continuous organization as defined in 26 U.S.C. §	nue t 170(o contribute in the $c)(1)$ - (2) .	e form of cash or	\$
41	Total	Additional Expense Deducti	ons under § 707(b). Enter the total of l	Lines	s 34 through 40		\$
			Subpart C: Deductions for De	bt l	Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt	A	Average Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
				,	Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor						\$
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do						\$
			es. If you are eligible to file a case under the amount in line b, and enter the re				
45	a. b.	issued by the Executive Off information is available at very the bankruptcy court.)	district as determined under schedules ice for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of	\$ x			
10	C.		ative expense of Chapter 13 case		otal: Multiply Line	es a and b	\$
46							\$
			Subpart D: Total Deductions f				T
47							\$
	ı	Part VI. D	DETERMINATION OF § 707(b)(2	2) PRESUMP	ΓΙΟΝ	1
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))					\$	
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))						\$
50	Mon	thly disposable income under	§ 707(b)(2). Subtract Line 49 from Lin	e 48	and enter the resu	lt.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.					\$	

7

	Initial presumption determination. Check the applicable box and proceed as directed.						
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
32	☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remained						
	☐ The amount on Line 51 is at least \$7,025*, but not more than \$11,725*. Complete the remainder of Part VI (I	ines 53 through 55).					
53	Enter the amount of your total non-priority unsecured debt	\$					
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$					
	Secondary presumption determination. Check the applicable box and proceed as directed.						
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not aris of this statement, and complete the verification in Part VIII.	e" at the top of page 1					
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.						
	Part VII. ADDITIONAL EXPENSE CLAIMS						
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
	Expense Description Monthly Amou	nt					
	a. \$						
	b.						
	c.						
	d. \$						
	Total: Add Lines a, b, c, and d \$						
	Part VIII. VERIFICATION						
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a join	t case, both debtors					
	must sign.) Date: May 25, 2011 Signature: /s/ Anthony M. Malewich						
57	Anthony M. Malewich (Debtor)						

^{*} Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Case 1-11-44458-jt Doc 1 Filed 05/25/11 Entered 05/25/11 13:33:46

UNITED STATES BANKRUPTCY COURT EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL BANKRUPTCY RULE 1073-2(b)

DEBTOR(S):	Anthony M. Malewich	CASE NO.:.
Pursuant to concerning Related	Local Bankruptcy Rule 1073-2(b), the debtor (or any other peta Cases, to the petitioner's best knowledge, information and belief	itioner) hereby makes the following disclosure:
was pending at any spouses or ex-spous partnership and one have, or within 180	be deemed "Related Cases" for purposes of E.D.N.Y. LBR 107 time within eight years before the filing of the new petition, and es; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are gor more of its general partners; (vi) are partnerships which share days of the commencement of either of the Related Cases had, a estate under 11 U.S.C. § 541(a).]	the debtors in such cases: (i) are the same; (ii) are general partners in the same partnership; (v) are a e one or more common general partners; or (vii)
■ NO RELATED	CASE IS PENDING OR HAS BEEN PENDING AT ANY TIM	Œ.
☐ THE FOLLOW	ING RELATED CASE(S) IS PENDING OR HAS BEEN PEND	DING:
1. CASE NO.:	JUDGE: DISTRICT/DIVISION:	
CASE STILL PENI	DING (Y/N): [If closed] Date of closing:	
CURRENT STATI	US OF RELATED CASE:	
	(Discharged/awaiting disch	narge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATED (Refer to NOTE above):	
	LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERT" F RELATED CASE:	Y") WHICH WAS ALSO LISTED IN
2. CASE NO.:	JUDGE: DISTRICT/DIVISION:	
CASE STILL PENI	DING (Y/N): [If closed] Date of closing:	
CURRENT STATE	US OF RELATED CASE:	
	(Discharged/awaiting disch	narge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATED (Refer to NOTE above):	
	LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERT" F RELATED CASE:	Y") WHICH WAS ALSO LISTED IN
3. CASE NO.:	JUDGE: DISTRICT/DIVISION:	
	DING (Y/N): [If closed] Date of closing:	
CURRENT STATE	US OF RELATED CASE:(Discharged/awaiting disch	
	(Discharged/awaiting disch	narge, confirmed, dismissed, etc.)
MANNER IN WH	ICH CASES ARE RELATED (Refer to NOTE above):	
REAL PROPERTY	LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERT" (OVER)	Y") WHICH WAS ALSO LISTED IN

Case 1-11-44458-jf Doc 1 Filed 05/25/11 Entered 05/25/11 13:33:46

DISCLOSURE OF RELATED CASES (cont'd) SCHEDULE "A" OF RELATED CASE:							
NOTE: Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file.							
TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, A	AS APPLICABLE:						
I am admitted to practice in the Eastern District of New York (Y/N): $_$	<u>Y</u>						
CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/p	petitioner's attorney, as applicable):						
I certify under penalty of perjury that the within bankruptcy case is not as indicated elsewhere on this form.	related to any case now pending or pending at any time, except						
/s/ Patrick K. Schaefer							
Patrick K. Schaefer ps7113 Signature of Debtor's Attorney Doyaga & Schaefer 26 Court Street, Suite 1002	Signature of Pro Se Debtor/Petitioner						
Brooklyn, NY 11242 718 488 7500 Fax:718 488 7505	Signature of Pro Se Joint Debtor/Petitioner						
	Mailing Address of Debtor/Petitioner						
	City, State, Zip Code						
Failure to fully and truthfully provide all information required by the E other petitioner and their attorney to appropriate sanctions, including w dismissal of the case with prejudice.							
$\underline{\underline{NOTE}}.$ Any change in address must be reported to the Court immediate result.	ely IN WRITING. Dismissal of your petition may otherwise						

USBC-17 Rev.8/11/2009